

**PHYSICAL EXAMINATION REPORT**

Patient Name	Shweta Pallew	Sex/Age	F/32
Date	29/3/24	Location	Thane

**History and Complaints**

C/O - Asthma  
- sinusitis

**EXAMINATION FINDINGS:**

Height (cms):	153	Temp (0c):	①
Weight (kg):	50	Skin:	NAD.
Blood Pressure	120/80	Nails:	
Pulse	80/min	Lymph Node:	

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

↓ Hb., ↑ HbA1c

**Advice:**

- Iron Supplement  
- Low sugar Diet  
- Repeat sugar Profile (6 months)

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	NA
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	Yes (8-9 yrs.)
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	NA
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

**PERSONAL HISTORY:**

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	Mixed
4)	Medication	Tab. Allegra Inhaler (Asthama)

*[Signature]*  
Dr. Manasee Kulkarni  
M.B.B.S  
2005/09/3439



Date: 22/3/24 CID: 2008913485  
 Name: Shweta Patilwar Sex / Age: F 32

**EYE CHECK UP**

Chief complaints: RCV

Systemic Diseases: NH

Past history: NH

Unaided Vision: 12E 5 feet 1/2 RCV, 12 RF 20/34

Aided Vision: RR 20/34 LL 6/9 NV 12 RF 20/34

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: USC am Spect

MR. PRAKASH KUDVA  
*[Signature]*  
SR. OPTOMETRIST



CID : 2408913483  
Name : MRS.SHWETA PALLEWAR  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Mar-2024 / 10:13  
Reported : 29-Mar-2024 / 13:10

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	11.8	12.0-15.0 g/dL	Spectrophotometric
RBC	5.14	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.0	36-46 %	Measured
MCV	73.9	80-100 fl	Calculated
MCH	22.9	27-32 pg	Calculated
MCHC	31.0	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4980	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	30.5	20-40 %	
Absolute Lymphocytes	1518.9	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	333.7	200-1000 /cmm	Calculated
Neutrophils	58.0	40-80 %	
Absolute Neutrophils	2888.4	2000-7000 /cmm	Calculated
Eosinophils	4.3	1-6 %	
Absolute Eosinophils	214.1	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	24.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	215000	150000-400000 /cmm	Elect. Impedance
MPV	10.1	6-11 fl	Calculated
PDW	13.7	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	+		
Microcytosis	Mild		



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Reported : 29-Mar-2024 / 12:46

Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      13                      2-20 mm at 1 hr.                      Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**  
Factors that increase ESR: Old age, Pregnancy, Anemia  
Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*  
**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	79.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	69.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.35	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.22	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	21.2	<34 U/L	Modified IFCC
SGPT (ALT), Serum	15.6	10-49 U/L	Modified IFCC
GAMMA GT, Serum	14.7	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	79.1	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	22.0	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.61	0.55-1.02 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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Collected : 29-Mar-2024 / 14:11  
Reported : 29-Mar-2024 / 16:41

eGFR, Serum	122	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	3.0	3.1-7.8 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Anupa*  
**Dr. ANUPA DIXIT**  
M.D.(PATH)  
Consultant Pathologist & Lab Director





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	Less than 20/hpf	
Others	-		

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl )
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl )

Reference: Pack inert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

\*\*\* End Of Report \*\*\*

*Vandana Kulkarni*

**Dr.VANDANA KULKARNI**  
M.D ( Path )  
Pathologist





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist





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Age / Gender : 32 Years / Female  
Consulting Dr. : -  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	134.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	54.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	59.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	75.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	64.4	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	10.8	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.1	0-3.5 Ratio	Calculated

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\*\*\* End Of Report \*\*\*



*Dr. Vrushi Shiroff*  
**Dr. VRUSHALI SHIROFF**  
M.D.(PATH)  
Pathologist





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 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Mar-2024 / 10:13  
 Reported : 29-Mar-2024 / 16:08

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.9	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.104	0.55-4.78 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CLIA



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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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\*\*\* End Of Report \*\*\*

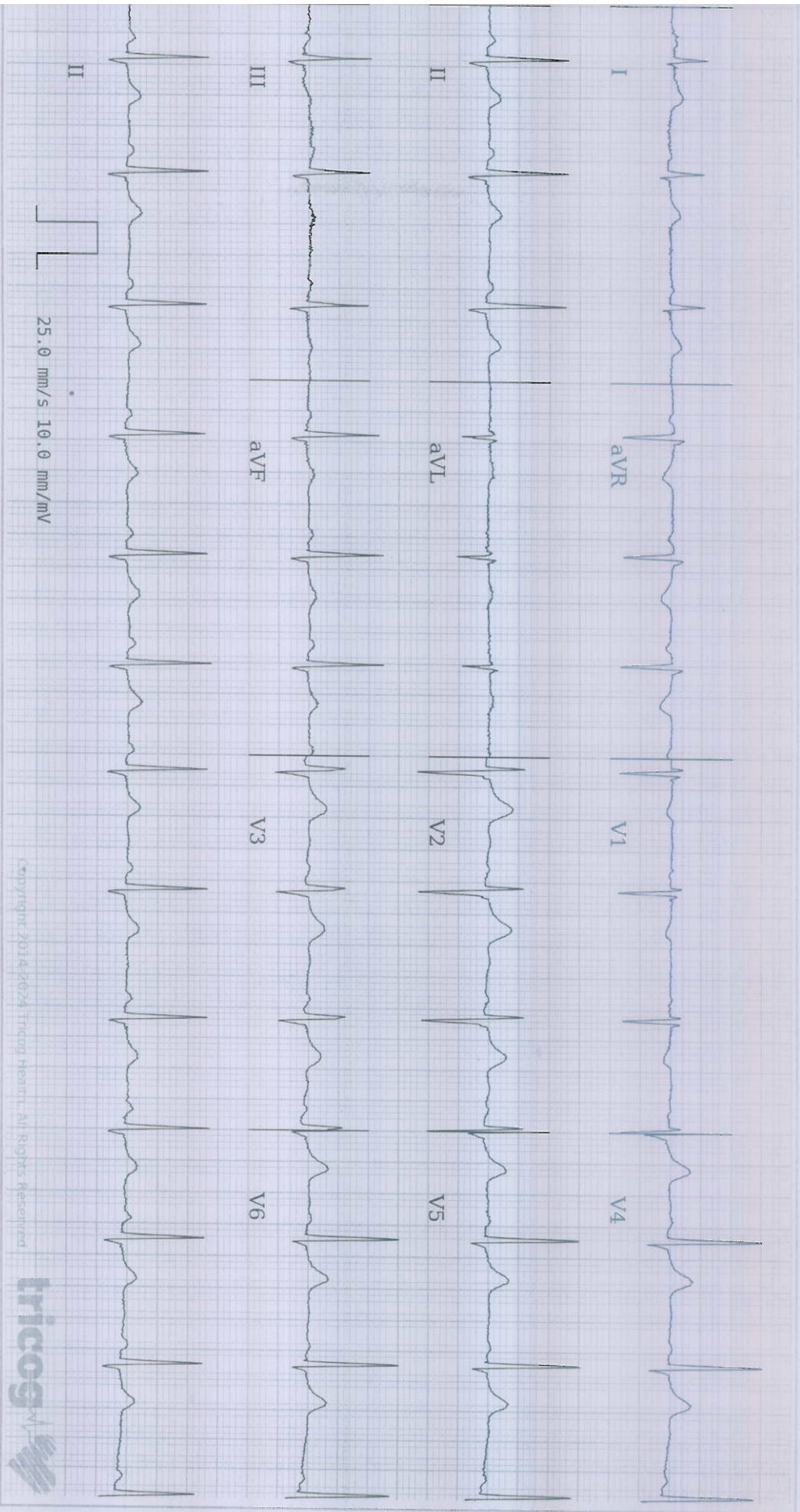


*Anupa*  
**Dr.ANUPA DIXIT**  
M.D.(PATH)  
Consultant Pathologist & Lab Director



Patient Name: SHWETA PALLEWAR  
Patient ID: 2408913483

Date and Time: 29th Mar 24 11:21 AM



25.0 mm/s 10.0 mm/mV

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Age 32 NA NA  
years months days

Gender **Female**

Heart Rate **78bpm**

**Patient Vitals**

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others: NA

**Measurements**

QRSD: 82ms  
QT: 386ms  
QTcB: 440ms  
PR: 138ms  
P-R-T: 62° 72° 38°

**ECG Within Normal Limits: Sinus Arrhythmia Seen, Sinus Rhythm. Please correlate clinically.**

REPORTED BY

DR SHAILAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.





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Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 29-Mar-2024  
Reported : 29-Mar-2024 / 13:06

**USG WHOLE ABDOMEN**

**LIVER:** Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 10.2 x 3.2 cm. Left kidney measures 10.2 x 4.3 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**UTERUS:** Uterus measures 6.2 x 3.9 x 4.9 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032909511777>



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Reported : 29-Mar-2024 / 13:06

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

-----End of Report-----

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com



Email:

1343 (2408913483) / SHWETA PALLEWAR / 32 Yrs / F / 153 Cms / 50 Kg  
Date: 29 / 03 / 2024 12:43:18 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	104	55 %	110/70	114	00	
Standing	00:16	0:12	00.0	00.0	01.0	099	53 %	110/70	108	00	
HV	00:28	0:12	00.0	00.0	01.0	089	47 %	110/70	097	00	
ExStart	00:41	0:13	00.0	00.0	01.0	091	48 %	110/70	100	00	
BRUCE Stage 1	03:41	3:00	01.7	10.0	04.7	155	82 %	130/80	201	00	
PeakEx	03:55	0:14	02.5	12.0	04.9	160	85 %	140/80	224	00	
Recovery	04:55	1:00	00.0	00.0	01.0	130	69 %	120/80	166	00	
Recovery	05:03				00.0	000	0 %	120/80	000	00	

FINDINGS :

Exercise Time : 03:14  
 Initial HR (ExStrt) : 91 bpm 48% of Target 188  
 Initial BP (ExStrt) : 110/70 (mm/Hg)  
 Max Workload Attained : 4.9 Poor response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -1.2 mm in Stage 1  
 History : No  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 160 bpm 85% of Target 188  
 Max BP Attained 140/80 (mm/Hg)

Dr. SHAILAJA PILLAI  
 M.D. (GEN.MED)  
 R.NO. 49972  
 Doctor : DR. SHAILAJA PILLAI





EMail: 1343 / SHWETA PALLEWAR / 32 Yrs / F / 153 Cms / 50 Kg Date: 29 / 03 / 2024 12:43:18 PM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 99.0 bpm, and the maximum predicted Target Heart Rate 188.0. The BP increased at the time of generating report as 140.0/80.0 mmHg. The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.

The Test was completed because of , Heart Rate Achieved.

**CONCLUSIONS:**

1. Stress test is negative for ischemia.
2. No significant ST T changes seen.
3. Blood pressure response to exercise is normal.
4. Accelerated chronotropic response.

DR. SHAILAJA PILLAI

M.D. (GEN.MED)

MOB. 49972

Doctor : DR SHAILAJA PILLAI



1343 (2408913483) / SHWETA PALLEWAR / 32 Yrs / F / 153 Cms / 50 Kg / HR : 104

Date: 29 / 03 / 2024 12:43:18 PM  
4X 80 ms Post J

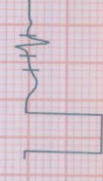
METS: 1.0 / 104 bpm 55% of THR BP: 110/70 mmHg Raw ECG/ BLOC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

E ( 00:01 )

EXTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

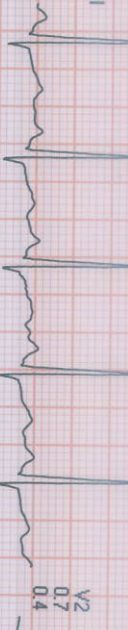
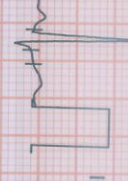


I  
STL 0.5  
STR 0.5



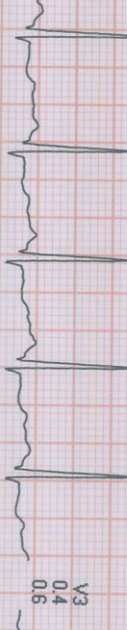
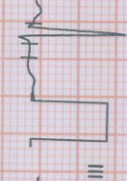
V1  
0.0  
0.0  
-0.2

II  
0.0  
0.0  
0.5



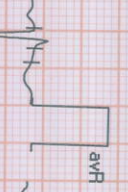
V2  
0.7  
0.7  
0.4

III  
-0.5  
0.0  
0.0



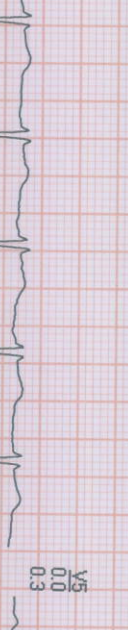
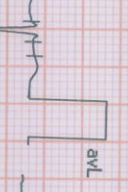
V3  
0.4  
0.4  
0.6

aVR  
-0.3  
-0.5  
0.5



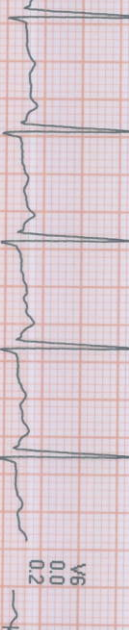
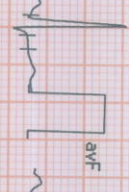
V4  
0.1  
0.1  
0.4

aVL  
0.5  
0.5  
0.3



V5  
0.0  
0.0  
0.3

aVF  
-0.2  
0.2  
0.2



V6  
0.0  
0.0  
0.2



AG





JR BAN DIAGNOS

JE GB ROAD

STANL

.43 (2408913483) / SHWETA

CMAR / 32 Yrs / F / 153 Cms

Wt. 54 Kg

ACIPDL

Date: 29 / 03 / 2024 12:43:18 PM

METS: 1.0 / 99 bpm 53% of THR BP: 110/70 mmHg Raw ECG/ ECG on/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 90 ms Post J

EXTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec 1.0 Cm/mV



I 0.6  
aVL 0.6  
STL 0.6  
STs 0.6

II 0.0  
aVR 0.0  
aVF 0.6

III 0.0  
aVR 0.2  
aVL 0.6

aVR 0.2  
aVL 0.6  
aVF 0.3

aVL 0.6  
aVR 0.2  
aVF 0.3

aVF 0.3  
aVR 0.2  
aVL 0.6

V1 0.0  
V2 0.7  
V3 0.3

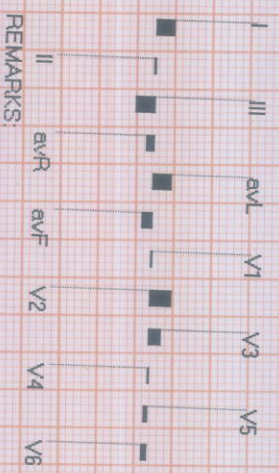
V2 0.7  
V3 0.4  
V4 0.6

V3 0.4  
V4 0.0  
V5 0.4

V4 0.0  
V5 0.1  
V6 0.3

V5 0.1  
V6 0.2  
V7 0.2

V6 0.2  
V7 0.2  
V8 0.2



REMARKS:



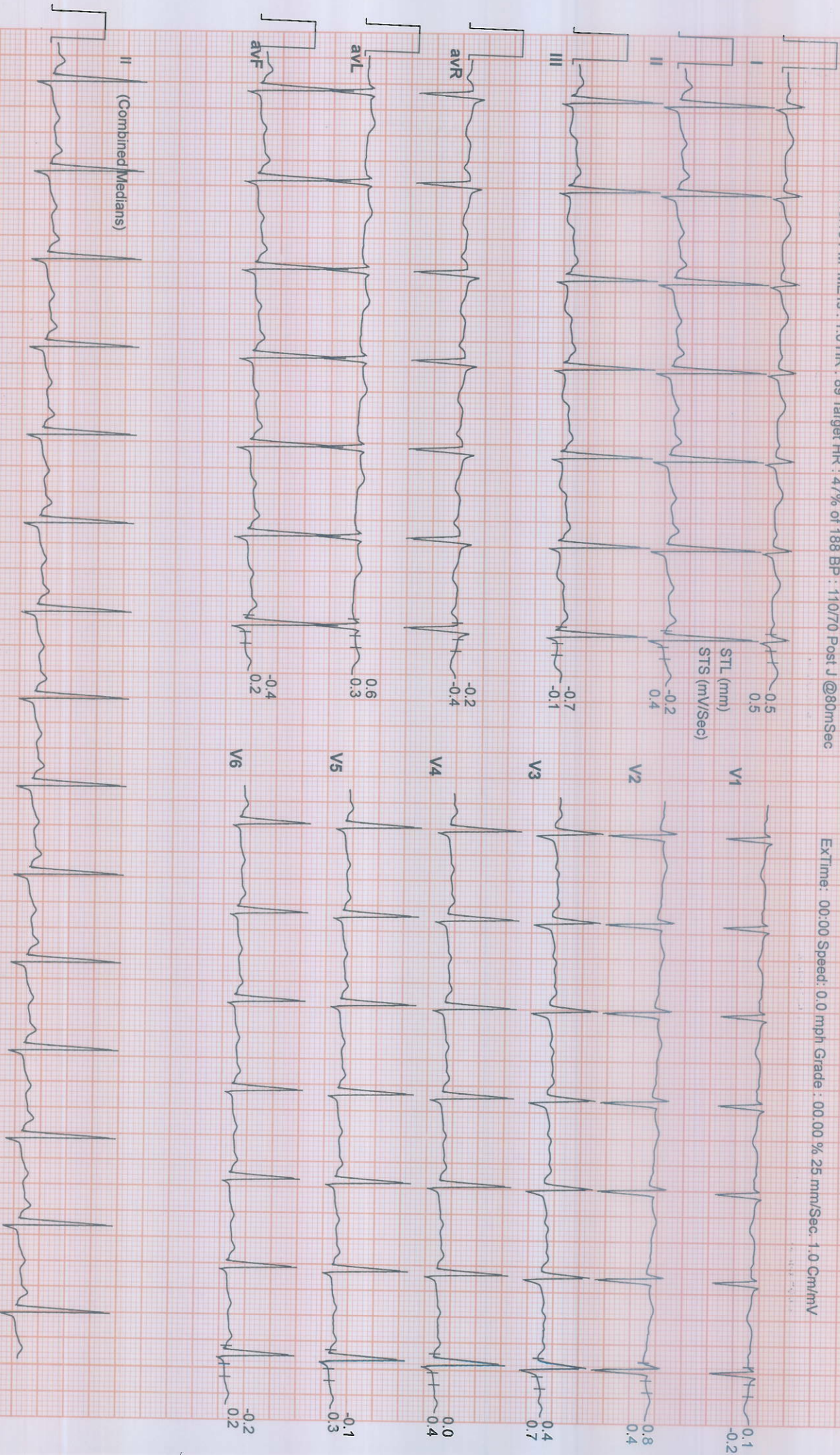
Date: 29 / 03 / 2024 12:43:18 PM METs : 1.0 HR : 89 Target HR : 47% of 188 BP : 110/70 Post J @80mSec

.bine Medians  
HV ( 00:00 )

m



ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV





SUBJ

AGNOSTICS (T

ROAD)

1343 / S

ALLEWAR / 32 Yrs / Female

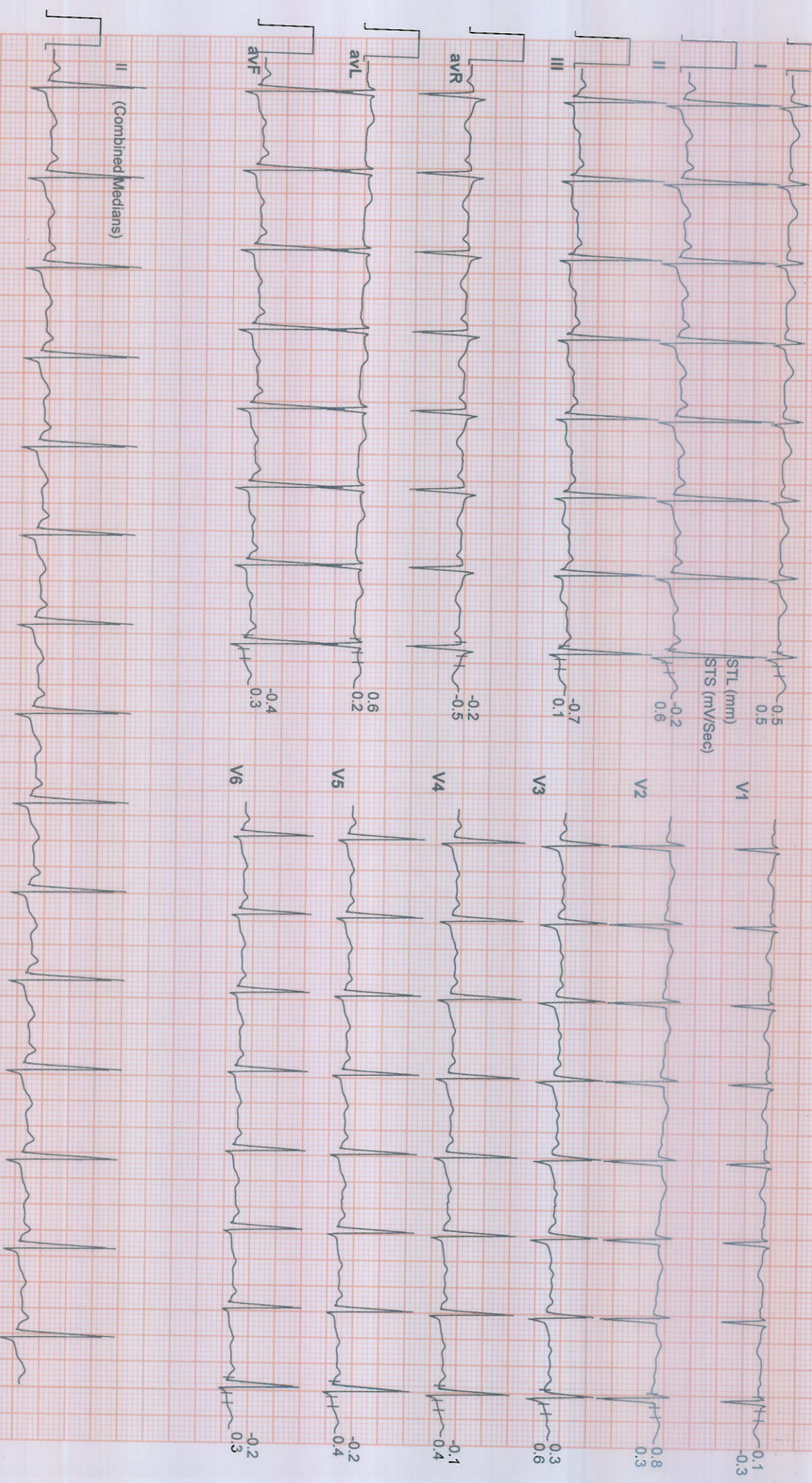
in / 50 Kg

Date: 29 / 03 / 2024 12:43:18 PM METs : 1.0 HR : 91 Target HR : 48% of 188 BP : 110/70 Post J @60mSec

6X2 Combine  
EXStr

1 Rhythm

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV





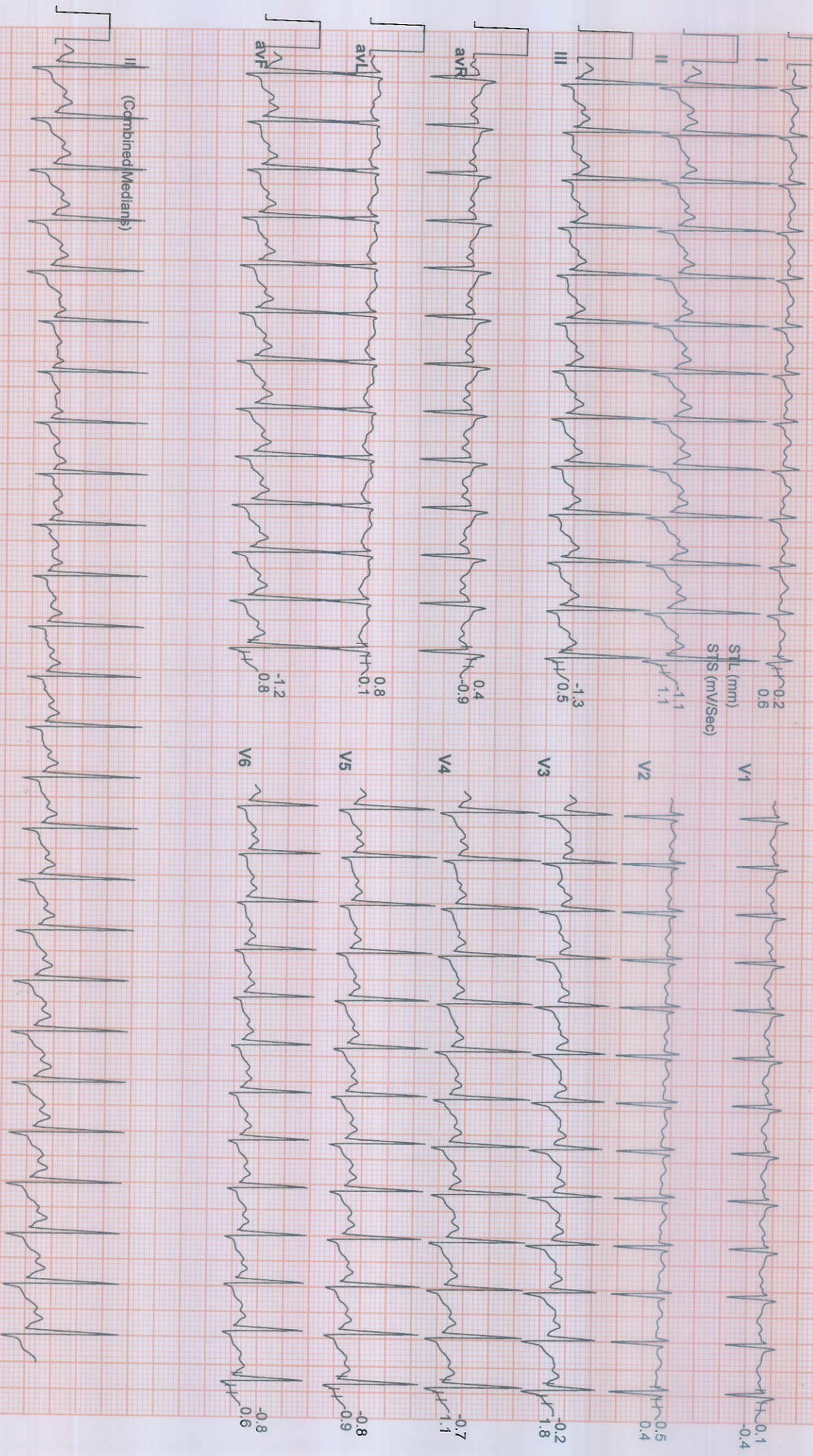
Date: 29 / 03 / 2024 12:43:18 PM METs : 4.7 HR : 155 Target HR : 82% of 188 BP : 130/80 Post J @60mSec

6X2 C

Medians + 1 Rhy  
JCE : Stage 1 ( 03:00



ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec: 1.0 Cm/mV



(Combined Medians)



SUBURBAI

OSTICS (THANE

AD)

1343 / SHWETA

R / 32 Yrs / Female / 153

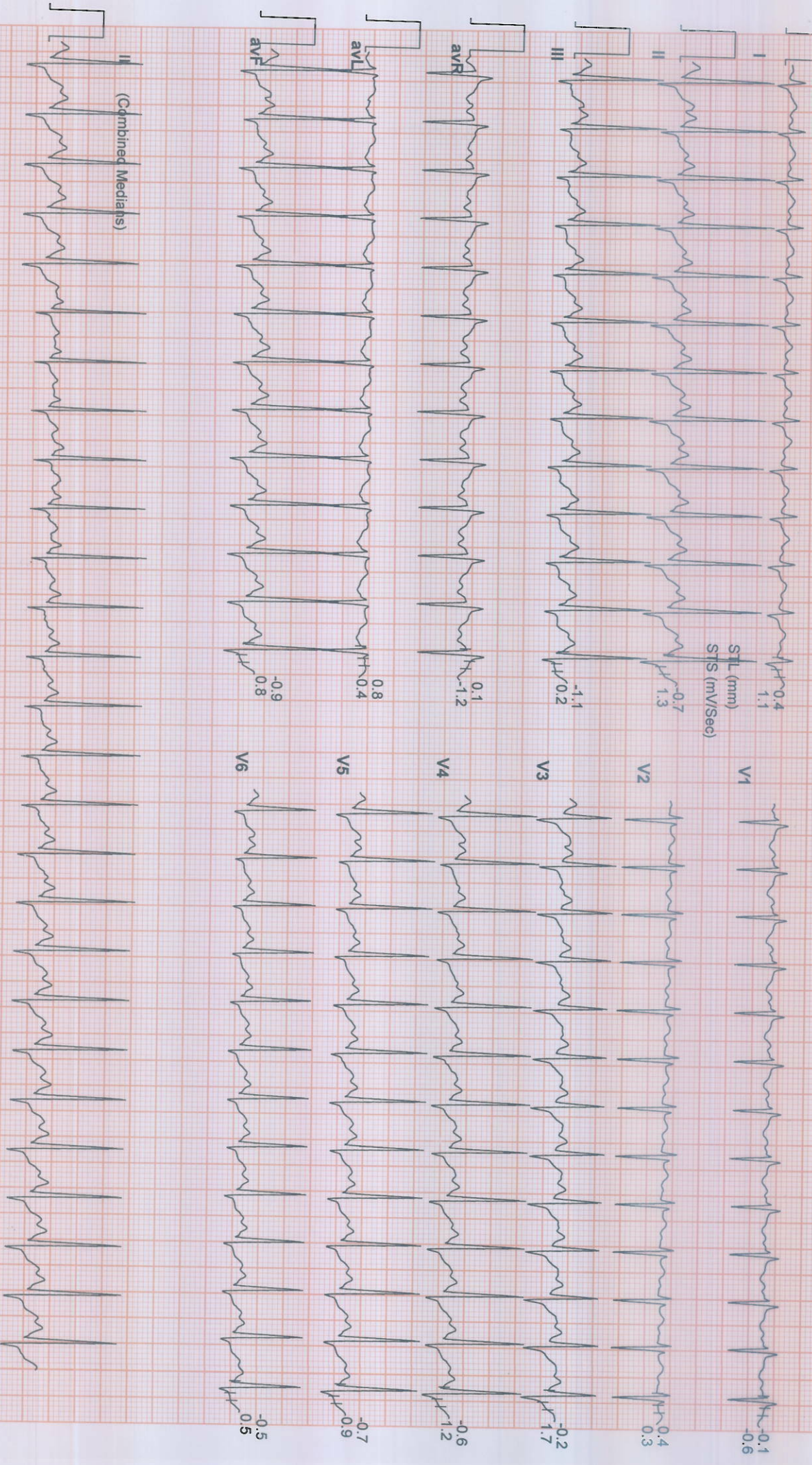
g

Date: 29 / 03 / 2024 12:43:18 PM METs : 4.9 HR : 160 Target HR : 85% of 188 BP : 140/80 Post J @60mSec

ExTime: 03:14 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec: 1.0 Cm/mV

Combine Mediar PeakEx

hythm



(Combined Medials)





**N DIAGNOSTIC**

**E GB ROAD**

13

ETA PALLEWAR / 32 Yrs /

153 Cm / 50 Kg

Date: 29 / 03 / 2024 12:43:18 PM METs : 1.0 HR : 130 Target HR : 69% of 188 BP : 120/80 Post J @60mSec

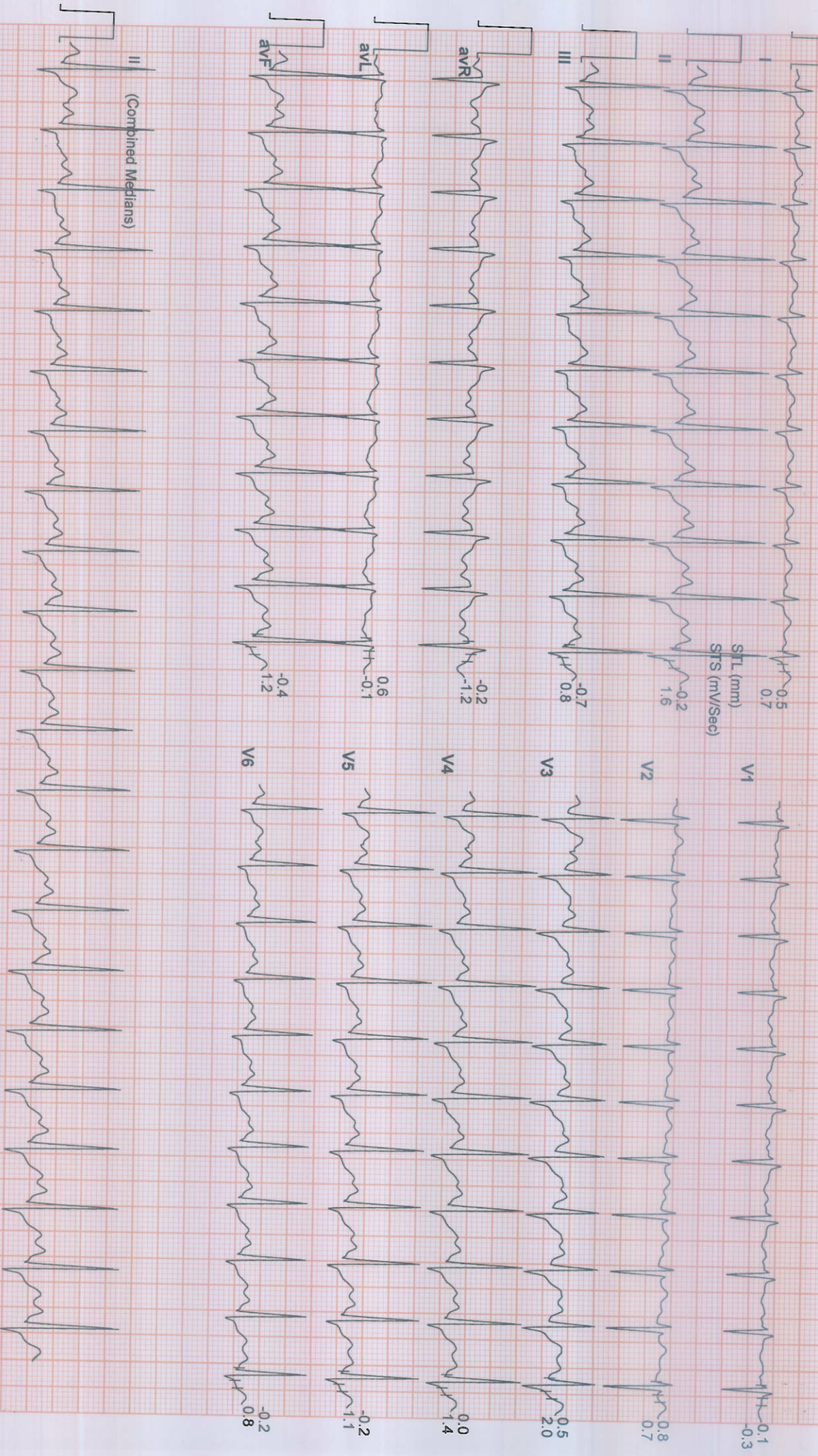
EXTime: 03:14

Speed: 0.0 mph Grade: .00.00 % 25 mm/Sec: 1.0 Cm/mV

**6X2 Combi**

**ans + 1 Rhythm**  
( 01:00 )

SPL





Date: 29 / 03 / 2024 12:43:18 PM METs : 1.0 HR : 130 Target HR : 69% of 188 BP : 120/80 Post J @80mSec

Jine Medians + Recovery : ( 01:02

ExTime: 03:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

